

PART B—ISSUE FEE TRANSMITTAL

142-1250
561-20

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	RECEIVED Publishing Division
		CO-INVENTOR'S NAME	
		Street Address	MAY 09 1996
		City, State and ZIP Code	DT
<input type="checkbox"/> Check if additional changes are on reverse side			

E6M1/0305

TERRY L MILLER
POMS SMITH LANDE AND ROSE
2029 CENTURY PARK EAST
38TH FLOOR
LOS ANGELES CA 90067-3024

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant 087486,005	06/08/95	027	HQ, T	2613 03/05/96

TITLE OF INVENTION ROBERTS, PETER C., T.

FOCAL PLANE ARRAY IMAGING DEVICE WITH RANDOM ACCESS ARCHITECTURE

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	111-266	348-301.000	U44	UTILITY	NO	\$1250.00	06/05/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 POMS, SMITH, 2 LANDE & ROSE 3 _____

DO NOT USE THIS SPACE

810 BL 05/15/96 08486005
1 142 1,250.00 CK
1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10
(1) NAME OF ASSIGNEE: LITTON SYSTEMS, INC.	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 16-2230 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies In Enclosed Fees
(2) ADDRESS: (CITY & STATE OR COUNTRY) Woodland Hills, California	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	(Authorized Signature) <i>Terry J. Miller</i> (Date) <i>4/18/96</i> <small>NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</small>
--	---

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE